



Elk Grove Community Services District
Department of Parks and Recreation
8820 Elk Grove Blvd., Ste. #3, Elk Grove, CA 95624
Phone (916) 405-5300 Fax (916)685-6942

Class Proposal

Class Title: _____ Level: ____ Beg. ____ Int. ____ Adv.

Instructor: _____ Day Phone: _____

Class description: (Limit three to five sentences)

Participant Ages: _____ Number of Participants: Maximum _____ Minimum _____

Class Scheduling

1. Class meets...
☐ One day workshop
☐ Once a week for (1 2 3 4 5 6 7 8 9 10 11 12) weeks
☐ Twice a week for (1 2 3 4 5 6 7 8 9 10 11 12) weeks
☐ Other: _____
2. Length of class (hours): _____
3. Day(s) of class: *(Please number your choices 1-3; #1 being your first choice)*
_____ Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat
4. Preferred time: _____ a.m./p.m. to _____ a.m./p.m.
5. Would like to begin offering class :
☐ Winter/Spring (January-May)
☐ Summer (June-August)
☐ Fall (September-December)

(over)

Facility Requirements (chairs, tables, desks, chalkboard, running water, electrical outlets, etc...)

Special Instructions

Special Instructions for participants (what to bring, what to wear, etc...) _____

Can supplies/uniforms be purchased from instructor? _____ yes _____ no

If not, where can they be purchased? _____

Estimated cost for books, supplies, uniforms, photographs, etc... \$ _____/student

If class is intermediate or advanced level, what experience is needed to participate? _____

Class Fee

The percentage split is 65% of registration fees to Contractor and 35% to the Department.

If you don't already have a class fee structure designed, please list the amount you expect to make per hour:
\$_____.

Please return to:
Leisure Staff
Elk Grove CSD Parks and Recreation
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Elk Grove, CA 95624
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